

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012410

STATE FILE NUMBER

366

FILED APR 20 1959

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Joseph				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital				Length of stay in lb 53 yrs.		d. STREET ADDRESS (If outside, give location) 118 E. Highland Ave.	
3. NAME OF DECEASED (Type or print) First CLEVELAND Middle FREYMAN Last PRICE				4. DATE OF DEATH Month April , Day 4 , Year 1959			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April, 2, 1885	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Ass't Mgr.,		10b. KIND OF BUSINESS OR INDUSTRY Merchantile Co.		11. BIRTHPLACE (City and state or country) Warren Co.,		9. AGE (In years last birthday) 74 yrs.	
13a. FATHER'S NAME Lemuel Price				13b. MOTHER'S MAIDEN NAME Celesta Johnson		14. NAME OF HUSBAND OR WIFE Mrs. Lula Price	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Lula Price, St. Joseph, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis and thrombosis DUE TO (c) Uremia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X						INTERVAL BETWEEN ONSET AND DEATH 10 days 2 weeks	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY St. Joseph STATE Mo.			
21. I attended the deceased from 3-25-59 to April 4, 1959 and last saw her alive on April 4, 1959 Death occurred at 7:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Lucien W. Ide M.D.			
22b. ADDRESS 902 Grand St. Joseph, Mo.				22c. DATE SIGNED 4-7-59.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April, 6, 1959		23c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery		23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
24. FUNERAL DIRECTOR Samuel Funeral Home (GAS)				25. DATE RECD. BY LOCAL REG. April 13, 1959		26. REGISTRAR'S SIGNATURE John Clark Sandell	

All diseases in Part I must be causally related.

Dr. Lucien W. Ide

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.